10-22-07



Stri

Application No. (if known): 10/700,339

Attorney Docket No.: 57119(72011)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM054391622US in an envelope addressed to:

MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on October 19, 2007
Date

Jusan M Oillon				
Signature				
Susan Dillon				
Typed or printed name of person signing Certificate				
	(617) 239-0100			
Registration Number, if applicable	Telephone Number			

Note:

Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

each submitted paper.

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Notice of Appeal (1 page) Transmittal (1 page)

Charge \$1,560.00 to deposit account 04-1105

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paper

TRANSMITTAL FORM

Application Number 10/700,339-Conf. #5244 Filing Date November 3, 2003 First Named Inventor Thomas A. Chodacki Art Unit 3749 **Examiner Name** C. D. Price

(to be used for all correspondence after initial filing) Attorney Docket Number 57119(72011) Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)				
Fee Transm	ittal Form	Drawing(s)		After Allowance Communication to TC
Fee At	ttached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
Amendment	/Reply	Petition		X Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After F	Final	Petition to Convert to a Provisional Application		Proprietary Information
Affida	vits/declaration(s)	Power of Attorney, Revocat Change of Correspondence		Status Letter
x Extension of	Time Request	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):
Express Aba	andonment Request	Request for Refund		Return Receipt Postcard
Information Disclosure Statement CD, Number of CD(s)				
Certified Cop Document(s		Landscape Table or	CD	
Reply to Mis		Remarks		
	to Missing Parts under R 1.52 or 1.53			
	1.52 61 1.55			
				ļ
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm Name	m Name EDWARDS ANGELL PALMER & DODGE LLP			
Signature \(\text{\text{\text{\text{\text{\text{\text{Signature}}}}} \)				
Printed name	Peter F. Corless			
Date	October 19, 2007		Reg. No.	33,860